



## STATE OF NEBRASKA

## JOHN A. GALE SECRETARY OF STATE

January 26, 2007

Election Assistance Commission Amended 251 Reports 1225 New York Ave. NW, Suite 1100 Washington D.C. 20005 P.O Box 94608 State Capitol, Suite 2300 Lincoln, NE 68509-4608 Phone 402-471-2554 FAX 402-471-3237 www.sos.state.ne.us sos08@nol.org

Via Facsimile Original via Mail

To office

Enclosed please find Amended reports (SF269) for Help America Vote Act Title I, CY 04 and 05 and Title II FY 04 and 05. These amendments include information requested in your letters of January 10,2007.

Should you have additional questions, please don't hesitate to contact me.

Sincerely,

Neal Erickson

Deputy Secretary of State for Elections



## FINANCIAL STATUS REPORT

(Long Form)

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(Follow instructions on the back)

to Which Report is	s Submitted sistance Commission	By Federal Agency CFDA 39.011	No. 2007 11/ 13/ 2008		
3. Recipient Organiz	ation (Name and complete a	ddress, including ZIP code)			1-,
Nebraska Secre					
4. Employer Identifica		5. Recipient Account Numb	per or Identifying Number	6. Final Report	7. Basis
1	amployer identification in turnoer			☐ Yes ☑ No	☐ Cash    Accrual
	Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)		9. Period Covered by t From: (Month, Day, 1/1/2005	•	To: (Month, Day, Year) 12/31/2005
10. Transactions:			17172003	<u> </u>	12/3 1/2003
			Previously Reported	This Period	Cumulative
a. Total outlays			1,722,593.00	995,420.00	2,718,013.00
b. Refunds, reb	ates, etc.				0.00
c. Program inco	ome used in accordance with	the deduction alternative			0.00
d. Net outlays (L	d. Net outlays (Line a, less the sum of lines b and c)			995,420.00	2,718,013.00
	f net outlays, consisting of	<u> Programa de la proposición de la consecta de Prop</u> T			0.00
	ı-kind) contributions I awards authorized to be use	d to match this award			0.00
	me used in accordance with I				0.00
g. Program inco sharing alterna		ne matering or cost			0.00
h. All other recipi	ient outlays not shown on line	se, forg	398,159.00	255,868.00	654,027.00
i. Total recipient	t share of net outlays (Sum of	flines e, f, g and h)	398,159.00	255,868.00	654,027.00
j, Federal share	of net outlays (line d less line	e ()	1,324,434.00	739,552.00	2,063,986.00
k. Total unliquida	ated obligations		1,024,404.00	108,032.00	2,000,000.00
I. Recipient's sh	are of unliquidated obligation	, .s			
m. Federal share	e of unliquidated obligations				
n. Total Federal	share (sum of lines j and m)				2,063,986.00
o. Total Federal	funds authorized for this fund	ing period			5,460,068.05
p. Unobligated b	alance of Federal funds (Line	o minus line n)			3,396,082.05
Program income, co	onsisting of:				
	gram income shown on lines	·····			
r. Disbursed pro	ogram income using the addit	ion alternative			
s. Undisbursed p	program income				
t. Total program	income realized (Sum of line	es q, r and s)			0.00
a 11. Indirect	. Type of Rate (Place "X" i		etermined	☐ Final	☐ Fixed
_	b. Rate	c. Base	d. Total Amount		ederal Share
governing legisl	lation.	necessary or information require amount of \$460,068.0	,	ng agency in compliance	with
		owledge and belief that this for the purposes set forth in	-	nplete and that all outla	nys and
Typed or Printed Nam Suzanne J. Hinz	e and Title	por period decivities III	and with a doublinging.	Telephone (Area code, r 402-471-2384	number and extension)
Signature of Authorize		Humana		Date Report Submitted January 26, 2007	***************************************
م ملايب	~:/~~ \ \ . /			January 20, 2007	

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Standard Form 269 (Rev. 7-97)

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